

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 3
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Planned Parenthood Votes			FEC IDENTIFICATION NUMBER ▼ C C00489799		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on			<div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 08 / 17 / 2016</div> </div>		

Full Name of Payee Latino Decisions			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 10 / 2016		
Mailing Address 15 South Grady Way, Suite 620			Amount 13600.00		
City Seattle	State WA	Zip Code 98057	Transaction ID : B622315		
Purpose of Expenditure Polling		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 08 / 10 / 2016		
Name of Federal Candidate Hillary Clinton			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee 76 Words			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 15 / 2016		
Mailing Address 1806 Vernon St, NW #100			Amount 82817.26		
City Washington	State DC	Zip Code 20009	Transaction ID : B622316		
Purpose of Expenditure Ad production and commission-Estimated costs		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 08 / 15 / 2016		
Name of Federal Candidate Pat Toomey			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	96417.26
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Deirdre Schifeling

Signature

[Electronically Filed]

Date

MM / DD / YYYY
08 / 17 / 2016

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M / D D / Y Y Y Y Y Y 08 / 17 / 2016	

Full Name of Payee GMMB		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 15 / 2016	
Mailing Address 3050 K Street, NW/Suite 300		Amount 1126022.00	
City Washington	State DC	Zip Code 20007	Transaction ID : B622317
Purpose of Expenditure Ad Buy	Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 15 / 2016	
Name of Federal Candidate Pat Toomey		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		1899468.69	

Full Name of Payee Bully Pulpit Interactive		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 15 / 2016	
Mailing Address 1140 Connecticut Ave NW #800		Amount 230000.01	
City Washington	State DC	Zip Code 20036	Transaction ID : B622318
Purpose of Expenditure Digital Ad Buy	Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 15 / 2016	
Name of Federal Candidate Pat Toomey		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		1899468.69	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1356022.01
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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		M M M / D D D / Y Y Y Y Y Y 08 / 17 / 2016	

Full Name of Payee Latino Decisions		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 08 / 10 / 2016	
Mailing Address 15 South Grady Way, Suite 620		Amount 13600.00	
City Seattle	State WA	Zip Code 98057	Transaction ID : B622314
Purpose of Expenditure Polling	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 08 / 10 / 2016	
Name of Federal Candidate Donald Trump		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
		762003.02	

Full Name of Payee		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y
Purpose of Expenditure	Category/ Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	13600.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	1466039.27

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Deirdre Schifeling

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Date

M M M / D D D / Y Y Y Y Y Y
08 / 17 / 2016

Signature